

HEALTH/MEDICINE

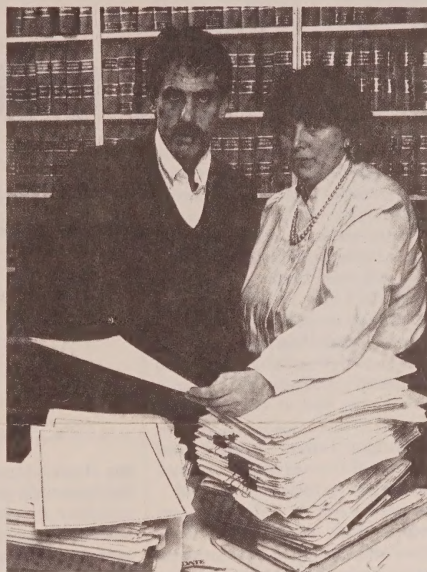
AS CASES MOUNT

AIDS triggers painful legal battles

■ It was bad enough that defense worker John Chadbourne of Santa Barbara, Calif., developed AIDS. Then, he lost his job because the company feared he would spread the disease. Chadbourne died in 1985, a year later. Now, his heirs are pursuing his suit against Raytheon, charging that he was a victim of medical discrimination.

For many AIDS patients like Chadbourne, calling a lawyer is becoming as inevitable as calling a doctor. With the spread of the lethal acquired-immune-deficiency syndrome—18,000 cases at last count—a major legal crisis has exploded from the mysterious virus.

Hundreds of AIDS victims are complaining that they are being discriminated against in jobs, schools and on insurance policies. Some victims and their families have sued hospitals and blood banks, claiming that the disease was caused by contaminated transfusions. Parents of an AIDS-stricken 3-year-old near Washington, D.C., have sued the American Red Cross and a local hospital over a transfusion he received at birth. AIDS patients have even been implicated in criminal cases, including a charge of attempted murder lodged against a Michigan victim who spat on four police officers.



Cornet and adviser Nancy Langer: Fighting bias

The disease, says attorney Martin Schneiderman of Washington, D.C., who consults with management in AIDS-related matters, "raises an array of legal issues like no other disease in the recent past—concern is accelerating dramatically." AIDS cases involve not only victims and their families but also those who have been exposed to the disease—up to 1 million Americans.

So far, the workplace has been the major center of dispute. Todd Shuttleworth was fired as a county budget analyst in Fort Lauderdale, Fla., after

his superiors discovered he had the disease. Shuttleworth, who was able to work for a year after his firing, is suing for damages.

Others are being put out of work or denied jobs on the basis of a blood test that detects antibodies to the AIDS virus, signs of exposure to the disease. Dozens of insurers already require certain applicants to take the test. The military began testing recruits in October. On March 13, the government recommended expanded testing of all high-risk groups.

Muddying the legal waters is the fact that the test is not foolproof. Critics say fewer than 20 percent of those testing positive eventually get AIDS. And the exam sometimes gives "false positive" results—incorrectly indicating exposure—and "false negatives"—failing to detect the virus.

Use of the test by insurance firms is very controversial. Homosexual-rights groups charge that the test is used as an excuse not to issue policies to homosexuals. Lambda Legal Defense and Education Fund, a homosexual-rights group, filed a complaint March 10 on behalf of Kenneth Cornet of New York, who claims that Bankers Security Life Insurance Society refused coverage because he declined to take an AIDS test. Cornet says he once had hepatitis but that he is in good health now.

The insurance industry denies that the test is being used to discriminate against homosexuals. "It's bad business to write off entire groups—we want to sell insurance," argues Rob Bier of the American Council of Life Insurance. Insurers also note that caution is justified. The U.S. Centers for Disease Control in Atlanta estimates that the nation's first 10,000 AIDS cases translated into \$6 billion, in medical treatment and lost earnings.

At this point, finding legal remedies may be easier than discovering a medical cure. But state laws and court rulings on AIDS cases are changing so quickly that lawyers must scramble to keep up. And the courts move so slowly that many victims like John Chadbourne will die before their cases are resolved. ■

by Ted Gest

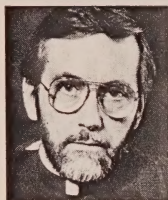
Our client and Lambda's Associate Director are pictured above!

U.S. News & WORLD REPORT

MARCH 24, 1986

\$1.95

A Priest's Painful Choice



In his pajamas, with tubes running into his body, Bobby gradually became a healer for me

BY CHARLES R. BURNS

How odd," I thought, "that he should come to see me." The young man was obviously distressed and experiencing great difficulty trying to verbalize his pain. He was 25 years old, darkly handsome and dying of AIDS. His parents knew neither that he had AIDS nor that he was an active homosexual. And he had come to me, a Roman Catholic priest, for help.

It was yet another of those times when I knew all the right things to say but knew, too, that the right things were wrong. Bobby resurrected ghosts in my psyche and for a moment I knew the terror of an Orestes pursued by the Furies. In all my religious training I had been given rules that embodied good intentions. But upon application in particular cases, they revealed an inflexibility that could drive you crazy. Bobby had asked me a very simple thing: would I stand with him as he tried to talk to his parents?

Church law forbids homosexual acts, however, and according to the rules, I should have condemned him. But I stood with Bobby and helped his parents accept him as I was also learning to do. He was a man of faith who happened to be a homosexual. And I was struck by his obvious sincerity. We talked many hours after that, and I managed to pry open, with his help, a steamer trunk of past regrets—of relationships I had run away from because my training taught me that any relationship could become sexual. It also taught me to fear homosexual men, and so I dealt with them as nonpersons; I did the same with women.

When I entered the seminary 30 years ago, everything was set and sure. You knew what the rules were. Anything not within their purview belonged to that hazy limbo labeled "a mystery." Seminary living is just slightly less natural than foot-binding. We were 70-odd men gathered together in our late teens and herded into a totally male environment. We slept in the same huge dormitory and studied in the same huge hall. We had individual desks, but nothing about them was allowed any trace of individual expression. The world we lived in was impersonal, a long black line of marching heads bent at the same angle. Is it any wonder some of us became depersonalized?

We were trained and taught to have the right answers. A few years later when each of us had his own room, we were forbidden to visit anyone else's room without the door being ajar. Aside from the sniggering and unspoken fear of homosexuality, such arrangements also precluded intimacy. The preclusion was worse than the fear; how does one grow as a

person without intimacy? We were also warned about the danger of having a "particular friendship." Particular friendships became the altar upon which intimacy was sacrificed.

I always suspected that drawing close to a man or a woman would automatically lead to sexual involvement. One learned to avoid involvement. One learned to follow the directives and to "fit in" with all the others. One learned never to be particularly noteworthy—either by doing something well or by doing it badly. Getting along with others was prized. I learned how to banter and to make clever remarks; this smoothed relationships. It was a life devoted to getting others to accept me rather than of accepting myself.

Bobby once asked me why I always kidded him. He told me that he knew that I loved him and cared deeply about him, but he wondered why I always tried to have something funny to say. I had no answer. Instead we began talking about my past, and his, and how I developed the essentially defensive bantering device. In his pajamas, with tubes running into his body, Bobby became a healer for me. Gradually, I learned how to lean over his bed and kiss him goodbye without any trace of fear or suspicion of lust. Each time I left him I began to realize it might be a final leave-taking, and so I wanted him to know at the last that I loved him very much.

My earlier training had been how to get along in an institution, how to be a person whose intellect always controlled his emotions. Bobby helped me to realize that I was starving even as he lost more weight than he could possibly afford. I began to understand that old verity: if you deal with the dying, they will give you life.

Acceptance and forgiveness: Two months after Bobby died, Kevin's family called and I was all set to perform another good deed. Again I would appear at an AIDS victim's side, help him receive the sacraments, and I would be properly recognized. There was even an added thrill because, at the time, visits to AIDS patients were still suspect and filled with the fear of contamination. But Kevin's situation did not work out according to my scenario. He refused my sacramental ministrations.

During the 17 years of my priesthood, I had grown accustomed to people bringing me their love and their hate. But it was surprising to me that I respected Kevin for refusing. It was consistent with the faith with which he had grown comfortable: a faith that says we cannot limit acceptance and forgiveness. That wasted body was not about to give in to superstition, nor was he about to feign being accepted into the arms of a church that had spent the greater part of his life rejecting him. I became awed by the power of the man and almost asked his blessing. Now, I wish I had.

In the 23rd chapter of Matthew's Gospel, Jesus admonished his disciples: "Call no one on earth your father. . . ." It is a favored text among the more vigorous fundamentalists who are angry at my church. Bobby and Kevin taught me that I am not their father: that I had enough trouble just trying to be their friend. I try to be a good person, as did they. I try to help, and so did they. I bumble and strive at love, and so did they.

My seminary training would have led me to be distant from those whom, I have learned, I would rather love. There are those in power in my church who would make themselves distant from me in the same way. Yet, I now make the conscious choice to love and to befriend. I do it for Kevin and for Bobby. I do it for all who are like them. And there are moments when I stand before the altar and I hear them calling out to me, "Way to go, Charlie. Don't let anyone call you father. Don't keep anyone away."

The Reverend Burns, a Jesuit, serves in Ronkonkoma, N.Y.



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LARRY DOWNING—NEWSWEEK

The 'remarkably explicit and draining account' of a homosexual congressman: *Bauman*

A Gay Conservative Tells His Story

Bob Bauman is haunted by the past—and future

When the majority of Americans first became aware of Robert Bauman in 1980, he was a Republican congressman from Maryland doggedly trying to prevent the publication of his life story. And with good reason. Bauman, then 43, was a conservative standard-bearer, a right-to-lifer arrogant in his defense of the Moral Majority and other New Right causes. On the verge of almost certain reelection, he had a future in Congress that seemed as solid as his home life, where he was outwardly a model husband and father of four. According to the FBI, however, Bauman was, throughout most of his 20-year rise from page to lawmaker, an alcoholic who allegedly cruised Washington's seediest gay bars for male partners. Now, while struggling to establish a law practice a few blocks from his old offices, a sadder and much humbler Bauman is publicly proclaiming, in the form of an autobiography, the same story he once tried to squelch. And his reasons for telling (almost) all in "The Gentleman From Maryland: The Conscience of a Gay Conservative" are as understandable as his desperate denials. "I wrote it," he says, "because I needed the money."

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of his powerful friends. His book may eventually help him pay off at least a few of his debts, which include a \$20,000 loan from William F. Buckley Jr. Good reviews are coming in from places like *The Washington Post*, where his effort was praised as "a remarkably explicit and draining account." Nor will sales be hurt by Bauman's willingness to comment on Washington's gay clubscene. In homosexual bars there, he

says, "you can view . . . congressional aides, Reagan administration officials, Republican National Committee and Democratic National Committee staffers." In the end, though, he names no names because "this is not an exposé." "If I had written what I know," he adds, a tad wistfully, "the book would have been on the best-seller list."

'Elephant man': And yet, even if the royalties do roll in, Bauman will still be faced with his alcoholism (under control since 1980, he says) and his homosexuality, which, judging by his book, remains a source of internal conflict. On the one hand, Bauman says he "accepts the fact that I'm gay." At the same time, he says, "I'm not terribly comfortable with [homosexuality]"—and admits he cannot bring himself, even as a private citizen, to support the movement for gay rights. Apart from the annulment of his 22-year marriage, nothing hurt more, he says, than being shunned by colleagues who considered him, in the words of one columnist, "the elephant man of conservative politics."

In the forward to his book, Bauman criticizes both conservatives and liberals for their lack of tolerance—and says he hopes his story will bring comfort to men "who have lived a life of fear and self-hatred." In interviews to promote his autobiography, though, Bauman himself appears to have achieved only a kind of grim resignation. "I might have been speaker of the House—who knows," he says. "Instead I'll be remembered for far different things."

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one committee source. "You can infer there were some conflicts."

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NEWS MEDIA

AIDS and the Right to Know

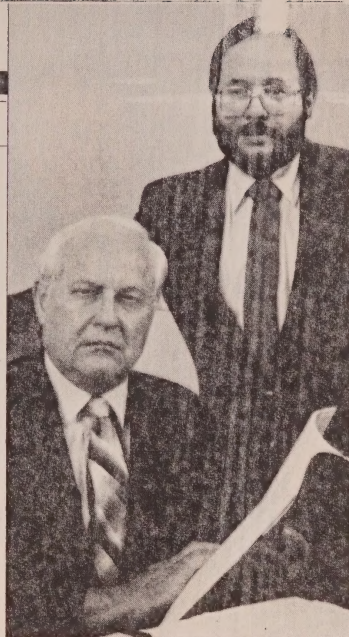
A question of privacy

With the recent deaths of Roy Cohn and Perry Ellis, coverage of AIDS has taken on a new complexity. Neither Cohn, the controversial New York attorney, nor Ellis, the noted fashion designer, would admit that he had the dread disease. So how to proceed? How should the media square the interests of privacy with the interests of truth? With privacy law in its infancy, the issue is largely one of ethics—medical and journalistic. But those considerations are complicated by yet more elements: sensitivity, news judgment and the conventions of obituary writing.

When publicly naming AIDS victims, 99 percent certain isn't certain enough; the standard of accuracy must be proof. But proof only begins the argument. For Roy Cohn, the issue arose because he and his lawyers claimed he was suffering solely from liver cancer. Then, a week before his death, columnists Jack Anderson and Dale Van Atta published a story citing leaked documents from the National Institutes of Health (NIH) confirming that Cohn was being treated with an experimental drug, azidothymidine (AZT), used exclusively to treat AIDS. Anderson justifies the column on the ground that Cohn himself publicly cited his liver cancer in an unsuccessful effort to avoid disbarment earlier this summer. Anderson also says there were questions about whether Cohn used political connections to gain admittance to the highly selective treatment program.

Intimate facts: In libel law, where truth is a defense, Anderson and Van Atta are on solid ground. Privacy law is trickier. Although a long-expected rash of privacy suits has not yet materialized, there are laws that protect against disclosure of intimate facts, even if they are true. But in privacy cases involving public figures, the legal precedents for plaintiffs are far weaker, and the deceased are not protected at all.

Still, the debate about AIDS and privacy is less over law than sensitivity. Columnist Murray Kempton, no friend of Cohn, argues that reporters are too quick to choose their own standards of



KEN HEINEN

Tracking Roy Cohn: Anderson, Van Atta

"newsworthiness" over simple respect: "Journalists sometimes forget they are reporting on human beings." Establishing that Cohn had AIDS before he died, Kempton adds, was not important to the public at large but was "immensely important to Roy's enemies."

Medical ethicists are less concerned about motives than about the disclosure of confidential records. "That breach is absolutely unjustified, even if the patient is as loathsome as Roy Cohn," says Nancy Neveloff Dubler of the Montefiore Medical Center. The principal exceptions, many agree, are cases involving public officials with important duties, such as the president or a

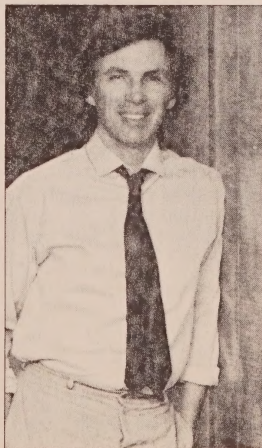
Supreme Court justice, or matters of public safety. For example, some doctors believe it is justifiable to reveal the records of an airline pilot who is mentally unstable.

But safety may be compromised in a different way. Misleading information about the cause of death, even when published out of sincere respect for privacy, can be a disservice. Covering up the truth, by doctors or journalists, stigmatizes other sufferers—the less widely the disease is acknowledged, the less easily they can be accepted. And it shields communities and industries from understanding the full, devastating effect of AIDS. The fashion industry, for instance, has shied away from admitting how the disease is thinning its ranks. Women's Wear Daily, which is otherwise loaded with rumors, hinted at nothing during Ellis's illness. Available photographs of Ellis looking dramatically different from his old self went unpublished. Even WWD's posthumous coverage mentioned AIDS only in reporting that "unconfirmed reports" of the disease would not affect the Perry Ellis line of clothing. John Fairchild, chairman of the company that publishes WWD, won't comment on AIDS coverage and has instructed his editors not to do so either.

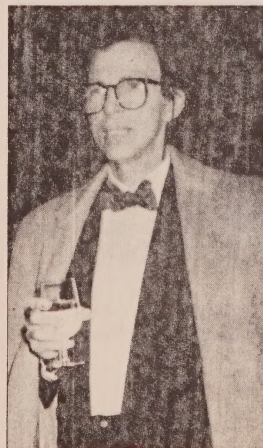
Telltale signs: At Variety, which covers the entertainment industry, it is necessary to read between the lines of obits to learn whether the deceased had AIDS. Gerald Putzer, the editor in charge of obituaries, says there are "telltale signs": a young age, unusual or euphemistic cause of death ("pneumonia," "after a long illness") and a list of survivors that doesn't mention a wife. In last week's issue nearly one-seventh of the 45 obituaries fit that definition, though it is impossible to know how many were in fact AIDS victims.

The obituary problem is particularly acute at The New York Times; only five this year have directly cited AIDS as a cause of death. The paper's in-house publication, *Winners and Sinners*, admitted recently that "some suspect us of shirking our duty to report on an epidemic." In fact, the editors' critique continued, "we're frustrated by closed-mouthed survivors, doctors, hospitals and undertakers." In the case of Perry Ellis's May 31 obituary, "because he was famous we felt free to press the hospital—and his associates—about the rumors. [But] no one would confirm them—even off the record—and *Winners and Sinners* believes we were right to omit them."

The problem is that the Times obit, which cited viral encephalitis as the cause of death, was technically accurate.



DUSTIN PITTMAN



ANTHONY SAVIGNANO—RON GALLELLA

The evidence went unpublished: Ellis before and during illness

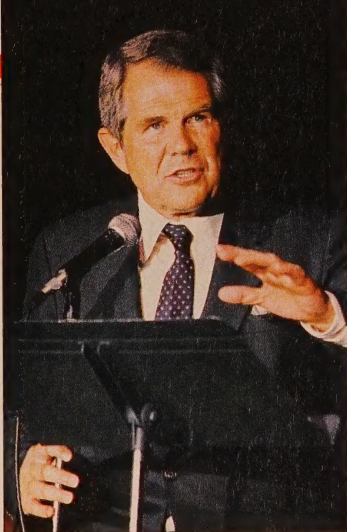
Saying No to God in Politics

A setback for Robertson

The Rev. Pat Robertson had prophesied "a miracle" in last week's Michigan primary. But if there was one for him in the returns from Michigan's complicated precinct delegate elections, it was visible only to the faithful. In the first soundings of support for 1988 GOP contenders, voters made it clear that religion and politics can make an unappetizing brew. "It's fair to say expectations were raised too high and we didn't meet them," said Robertson campaign consultant Jim Ellis.

Vice President George Bush was in part responsible for these failed expectations. With long-nurtured ties to GOP regulars, a high-tech, million-dollar campaign and a behind-the-scenes offensive against preachers in politics, Bush appeared to have won the largest share of the roughly 9,000 delegate seats at stake. (The delegates will help choose the Michigan contingent to the 1988 GOP convention.)

Robertson's setback was a distinct relief to GOP regulars. Many in the party had feared Robertson's zealous Michigan organization would propel him forward as a wild-card candidate, a Republican version of what the Democrats experienced with



BEN WEAVER—CAMERA 5

High negatives and narrow appeal: Robertson

the Rev. Jesse Jackson in 1984. "This guy didn't get a free ride here," said one top Michigan Republican leader happily. "And he won't get one anywhere else."

Robertson seemed to have won a presentable number of delegates, and he was locked in a second-place struggle with Rep. Jack Kemp. But he demonstrated little appeal beyond his own hard-core, fundamentalist flock. His Freedom Council piled up its totals by filing for, and winning, unopposed races for seats usually left vacant by party regulars. In contested races, his candidates got clobbered. It isn't that Robert-

son lacked name recognition. According to one exit poll he is now better known than some other GOP contenders. But he is also far more disliked: for every voter with a "favorable" opinion of him there were more than two with an "unfavorable" view.

Scared voters: Michigan Republicans were scared, Robertson supporters admitted, by the notion that he was bent on taking over the party and imposing his theological views. It was a notion privately, but widely, circulated by Bush supporters. Robertson organizers tried to avoid a sectarian appeal, but their candidate didn't always cooperate. His headquarters in Virginia sent letters to Michigan predicting a victory for Christians.

Kemp also suffered. For him, as for Robertson, Michigan was supposed to have been the place where he would establish himself as Bush's main rival. But it didn't happen, and the GOP presidential field looked wide open last week. Kemp's handlers did not foresee the sudden, splashy arrival of Robertson as a competitor for the mantle of the right. Despite a dozen trips to the state and last-minute efforts to fend off Robertson, Kemp's campaign struck few sparks.

It is far too early to write off either Robertson or Kemp. Michigan was part of the ever earlier madness of our presidential election process, and there are many opportunities ahead for both men. But for the time being and in Michigan, at least, the voters seem to be saying they'd like to keep their church and state separate.

HOWARD FINEMAN

Rehnquist and Scalia: Full Speed Ahead

Despite intense skirmishing last week, Democrats on the Senate Judiciary Committee seemed powerless to stop the nominations of two archconservatives to the Supreme Court: William H. Rehnquist to become chief justice and Antonin Scalia to fill Rehnquist's spot on the court. This week the committee is expected to recommend both men for full Senate confirmation in the fall.

It wasn't that the Democrats didn't try. They demanded and got access to documents prepared by Rehnquist when he was a senior Justice Department attorney in the Nixon administration. But the material apparently

contained no revelations linking Rehnquist to Watergate excesses.

The Democrats had a bit more luck on the question of restrictive covenants in property deeds. The justice—after at first denying he ever had knowledge of it—wrote to Judiciary Committee chairman Strom Thurmond admitting that in 1974 his lawyer had advised him that the deed on the summer house he was purchasing in Vermont included, among other things, a restrictive covenant barring resale to Jews. But this reversal lost some of its punch when Rehnquist supporter James McClellan of the Center for Judicial Studies an-

nounced that he had found a restrictive covenant against blacks in a deed to a home in which Sen. Joseph Biden, the ranking Democrat on the Judiciary Committee, had once lived. That clause is similar to one found on a home Rehnquist once owned in Phoenix.

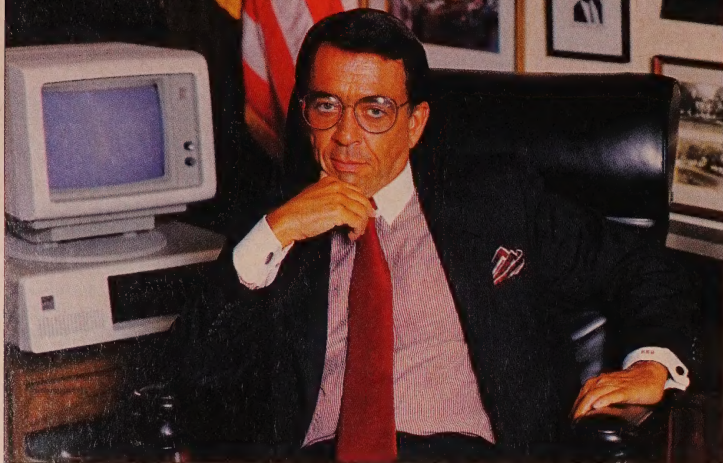
The committee's dealings with Justice-designate Scalia were a lesson in charm—Scalia's. The senators didn't even seem to mind terribly much when Scalia refused to discuss his substantive views on abortion and affirmative action. He did say he had resigned from the all-male Cosmos Club last December but defended the club policy as not being "invidious discrimina-



LARRY DOWNING—NEWSWEEK

Charming the senators: Scalia

tion." As things stand now, by October he will join an even more elite club, one with a black, a woman and a lifetime covenant to uphold the Constitution.



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RESOURCES

The following are addresses and telephone numbers of organizations highlighted in this issue of *The ADVOCATE*:

- AIDS Foundation of Houston, Inc.
P.O. Box 66973
Suite 1155
Houston, TX 77006
(713) 524-AIDS
- Center for Responsible Funding in Philadelphia
1425 Walnut St.
Philadelphia, PA 19102
(215) 561-4328
- Citizen Soldier
175 Fifth Ave.
Suite 808
New York, NY 10010
(212) 777-3470
- Maine Lesbian/Gay Political Alliance
P.O. Box 108
Yarmouth, ME 04096
- Philadelphia Lesbian and Gay Task Force
1501 Cherry St.
Philadelphia, PA 19102
(215) 563-9584
- President Ronald Reagan
The White House
1600 Pennsylvania Ave.
Washington, D.C. 20500
(202) 456-1414
- Senior Action in a Gay Environment
208 W. 13th St.
New York, N.Y. 10011
(212) 741-2247
- Stop LaRouche
3670 Wilshire Blvd.
3rd Floor
Los Angeles, CA 90010

BYLINES

Adam Block, who edited "Pop Life," our special pop music section, is an internationally published free-lance writer. A native of Seattle, Wash., who is currently based in San Francisco, he "dreams of editing *Sixteen* magazine."

Based in Washington, D.C., **Dave Walter** ("Justice Department: PWAs May Be Fired") is one of *The ADVOCATE's* regional news editors. A Maryland native now living in Virginia, Walter previously worked for the Associated Press and the *Washington Blade*.

COMING ATTRACTIONS

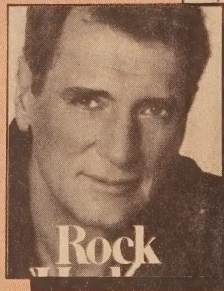
KEITH HARING

From his trend-setting **new art shop** in New York's Soho, to his recent show at the **Whitney Museum**, to children's art workshops, to this year's New York **gay pride logo**—graffiti artist Keith Haring is everywhere! A revealing interview with this **hot, openly gay artist**.



LOUISE HAY

This controversial "metaphysical counselor" is attracting many followers through her **attempts to help those suffering from AIDS or ARC**. She explains her beliefs on improving the "**mental immune system**"—and others dispute her claims of success—in this probing piece by George De Stefano.



NEWSFRONT

Changes on the **Supreme Court**: How will they affect gays? A look at the **Lyndon LaRouche initiative**, which calls for quarantine—and worse—for anyone exposed to the HTLV-3 virus, and which will be on the ballot this year in California. Plus, a special roundup of this year's **gay pride** activities around the country.

IN REVIEW

Vito Russo reviews the two new **Rock Hudson** biographies—the authorized one and the one that claims to be the "real story"—and gives the scoop on these hot summer titles.



EN ROUTE

A **Letter from Norway** details life for gays in the land of the midnight sun.

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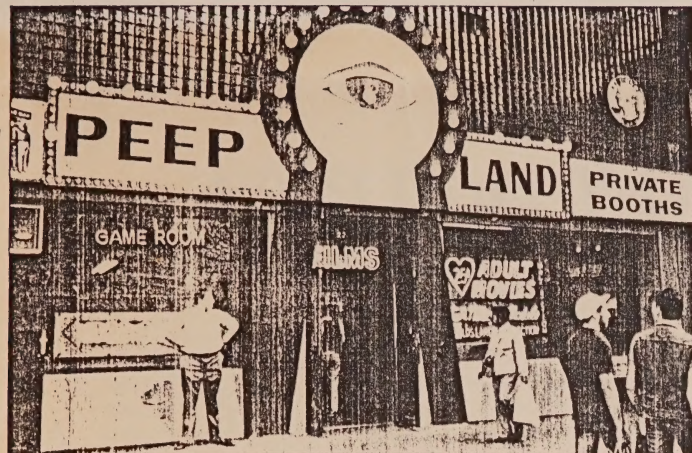
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Close Sex Centers to Stop AIDS, Says AMA

Chicago—The AMA wants bathhouses, brothels, adult bookstores, and other highly visible "reservoirs of infection" to be "closed or controlled" as a means of preventing the spread of AIDS.

Delegates adopted a resolution to that effect at the group's annual meeting here, despite some members' pleas that bathhouses play a crucial role in the teaching of AIDS risk reduction to the people who most need to learn it.

The delegates also approved a report endorsing the established government policy of allowing most children with AIDS to attend school. But they referred for study a resolution urging people at risk of contracting AIDS to undergo enzyme-linked immunosorbent assay testing for antibodies to the AIDS virus.

"Commercial sex establishments—such as bathhouses, brothels, sex clubs, sex bars, and adult bookstores that provide facilities for sexual intercourse—function as public reservoirs of the spread of sexually transmitted diseases," says the resolution, which passed easily by voice vote. It endorses efforts by federal, state, and local health authorities to close down or control such establishments as "defined in state and local statutes." The reference committee's attempt to water down the wording

so that it merely endorsed attempts to "limit" transmission of sexually transmitted diseases in such places was defeated.

"A sex establishment is more than a building," argued Brooklyn's Dr. Duncan Clark, speaking for the New York delegation, which introduced the resolution. "It's a convenient public center for bringing together infected and uninfected persons. Through their interaction, the community infectious pool is enlarged."

Education. But Los Angeles delegate Richard E. Dickes asked, "Where else are we going to meet these people and have literature and condoms available?" And California alternate delegate Saul Levin warned that people engaging in high-risk sex acts "are merely going to go to places you are unable to close down, where you're unable to help educate people with pamphlets and materials."

"We haven't previously become this exercised about whorehouses," commented Seattle delegate Alvin J. Thompson. He noted that the resolution raises significant constitutional issues.

Dr. Clark told MWN he doesn't think people who frequent sex establishments are uninformed about condoms. But they are meeting places for "two kinds of populations: those who go regularly and ha-

Some AMA members objected that closing sex centers would destroy the best outlet for condoms and safe-sex educational materials.

bitually and are highly infected, and others who come to the city for a big thrill, go to these places, and go back spreading [diseases] all over the U.S."

He doesn't buy contentions that many—if not most—patrons of such establishments are practicing only safe sex and thus are not transmitting disease.

Antibody testing. Any AMA statement on antibody testing has been postponed by referral of the resolution encouraging high-risk populations to be tested "for purposes of counseling." Delegates had raised questions about the financial, technical, and emotional aspects of testing.

California's Dr. Levin pointed out that "testing the CDC-estimated 2 million seropositive high-risk individuals would cost \$350 million and would not change the advice given to any individual at risk." The issue isn't whether a person is antibody-positive or -negative, he said. "It's what you do with your sexual practices."

Physicians for Human Rights President Alvin Novick, a Yale biology professor, told MWN that there's "no evidence one way or the other that knowing test results affects behavior" in regard to risk reduction. He said the gay physicians' group supports testing when it's voluntary and confidentiality is guaranteed. "We're opposed when it's mandatory or when privacy is not protected."

Dr. Dorothy Starr, alternate delegate for the District of Columbia, said the uninsurability of people who test positive leaves them with no coverage for AIDS or any other illness even though "the problem may never appear."

And San Diego alternate J. William Cox argued that an AMA endorsement of ELISA testing "for the purpose of counseling" would be "a very powerful message for people to start moving into this" and would be "premature." No one is recommending the test as a case-finding tool, he noted. ■

AIDS Drug Trials Slammed

Funding shortfall, placebos, and inadequate enrollment draw fire at congressional subcommittee hearing.

Washington—Within hours of a news conference naming 14 federally sponsored AIDS drug treatment evaluation centers nationwide, the plan came under attack on Capitol Hill for falling far short of actual need. One scientist described the multicenter effort as a "drop in the bucket."

Rep. Sander M. Levin (D-Mich.) went even further by characterizing as a "disgrace" the concession by administration officials that allocated funds are insufficient. "I think we had better wake up to the threat of this disease soon," he warned, "and ask ourselves why we're not doing all we could be doing."

Under questioning at a one-day House subcommittee hearing, both Dr. Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases, and Dr. Walter R. Dowdle, AIDS coordinator for the Public Health Service, admitted that more could be done if more money were available.

"Our agency could effectively spend additional money—yes, that's true," Dr. Dowdle told members of the House Government Operations intergovernmental relations and human resources subcommittee. But he insisted that simply "pouring more money into AIDS" won't solve the problem.

Committee's purpose. The subcommittee is examining the federal government's role in AIDS drug and development, as well as public concern about equal access to new drugs as they're developed and the appropriateness of placebo-controlled trials in so deadly a disease.

Meanwhile, according to *The New York Times*, the PHS is planning to propose that the federal budget for AIDS-related activities be more than doubled. The agency will seek \$351.1 million for

1987 and \$471.1 million for 1988, the newspaper claims, attributing the figures to confidential documents. Both sums are considerably higher than what the administration recommends.

During the hearing, called by subcommittee chairman Ted Weiss (D-N.Y.), Dr. Fauci indicated that of the 29 centers applying to NIAID for contracts to conduct clinical trials, 19 were approved. Only 14 could be funded under available resources, however. The estimated five-year cost of the drug research program is \$100 million.

As many as 1,000 patients might be enrolled in the program within the first six months, Dr. Fauci said, but some of those patients may already be in clinical trials and "simply flip over into the federal program."

'We'd better wake up to the threat of this disease and why we're not doing all we could be doing.'

Altogether, by the end of 1986, between 3,500 and 4,000 patients are expected to be in clinical trials nationwide. But with the number of AIDS victims continuing to grow exponentially and with a 100% mortality five years after diagnosis, the adequacy of the enrollment figures is widely debated.

Dr. Leonard H. Calabrese, head of clinical immunology at the Cleveland Clinic Foundation, described the regional AIDS treatment evaluation centers as "both inadequate and misleading." He said the program is designed only to answer scientific questions, with "no responsibility for providing care" to AIDS patients within those regions.

"When my patients ask me, 'What is the impact of the \$100 million and the 14 centers on me?' I will tell them, 'Nothing at all,'" he added.

Though Ohio has a comparatively low incidence of AIDS, Dr. Calabrese told the subcommittee that hope must be "distributed sensitively and equally" among AIDS patients around the nation by giving them equal access to clinical trials of new drugs.

Left out. That, so far, has not been the case, according to testimony by "John Smith," who was diagnosed with the disease last year. He lives in the Midwest and not near a clinical center in one of the high-incidence areas. He's therefore unable to secure through his doctor experimental drugs that might have the potential to prolong his life, he said.

"While we're sitting here and talking about whether or not these drugs should be made more widely available, people are dying," he testified from behind a curtained screen. "And I'm one of those people."

Smith indicated his willingness even to participate in a placebo-controlled trial, because taking a placebo "is better than doing nothing at all." But another AIDS patient, Paul Popham of New York, said he believes the use of a placebo in drug trials for a lethal disease such as AIDS is wrong.

When asked whether he would be willing to take an experimental drug that might not help but could possibly harm him, Popham responded, "Considering the alternative, I'm 100% sure I'd take any experimental drug that's available."

Just as patients seem divided on this issue, so does the scientific community. The best known opponent of placebo-controlled trials for AIDS patients is Dr. Mathilde Krim, an associate research

*No placebo use, pleads
AIDS patient Popham, and from
behind a screen Smith says
people are dying without help—
'and I'm one of them.'*

scientist at Columbia University and St. Luke's-Roosevelt Hospital Center in New York. She told the subcommittee that a drug's safety and efficacy can be determined in a more ethical manner than by denying a dying patient "at least something that might help."

A patient's medical history can be used to measure a drug's effectiveness, Dr. Krim said, or by use of altered dosages, a patient can become his own placebo control. But other scientists testified that these approaches are far less reliable than testing a drug against an inert substance. And they strongly advised the subcommittee against proposing such approaches.

Proven benefit. Dr. Martin S. Hirsch, a virologist and infectious diseases specialist at Massachusetts General Hospital and a professor of medicine at Harvard, argued that prior to demonstration "of clear clinical benefit," no experimental drug should be released—even under "compassionate plea" or investigational new drug approvals.

"Our goal must not be to have everyone on some drug of uncertain value," he said, "but to have every patient in a clinical trial from which useful information may result. This is the compassionate approach."

The drugs most likely to be tested in the first year of the federal program include: azidothymidine (AZT, Burroughs Wellcome); foscarnet, made by Astra in Sweden; HPA-23, produced by Rhone-Poulenc of France; ribavirin (Virazole, Viratek); alpha interferon; and deoxycytidine—the only agent not yet tested clinically—a nucleoside analog shown to suppress viral replication in vitro.

Each of the centers will test more than one drug, Dr. Fauci noted, but each will be tested individually until safety is es-



AP/Wide World Photos

tablished. Once this occurs, he said, the drugs may be tested in cocktail combinations, a therapeutic approach many believe holds the greatest promise.

"In the best of all possible worlds," Dr. Fauci said, investigators will discover a drug with a penicillin-like effect, which then would be made available to everyone quickly. "But given the nature of this disease and our understanding of it, 'I would be surprised—pleasantly surprised—if that were the case.'"

Placebos will not be used in any Phase I safety studies of a drug, Dr. Fauci said, but only in Phase II studies in which both safety and efficacy must be shown. And once a drug shows promise, he emphasized, it will be substituted for the placebo and become the standard against which others are tested.

End points. The criteria for entry into a clinical trial, according to the NIAID, are being left up to the individual centers and their investigators. Patient selection, Dr. Fauci said, will depend primarily on the type of agent being used and the end points being evaluated. For instance, he noted, "If you're looking at an immunomodulator, you have to have patients with enough immune function left to evaluate improvement."

During the hearing, concerns were expressed about AIDS patients' becoming so desperate as to travel to Mexico or Europe for drugs not available here. Though acknowledging that this is

happening frequently, Dr. Fauci nevertheless said that, as a scientist, he could not encourage such efforts even though "it's difficult to say you shouldn't do that."

Harmful. He noted that suramin, a drug with early promise, later proved highly toxic and that "had it been made widely available, it would have caused a lot of harm." Moreover, he said AIDS patients on illicit drugs aren't apt to be accepted into ongoing clinical trials.

HPA-23 was also cited as a drug that has not lived up to its early reputation. "Investigators are not impressed that it's prolonged any lives," said Harvard's Dr. Hirsch, who chaired a session on HPA-23 at the recent international AIDS conference in Paris.

"Even though a large number of patients have been treated with this drug, we still don't know if it has any real benefit because there have been no controlled trials," he added.

The 14 centers awarded NIAID contracts are Harvard; Johns Hopkins; Memorial Sloan-Kettering Cancer Center; New York University; Stanford; UCLA; the University of California, San Francisco; the University of California, San Diego; the University of Miami; the University of Pittsburgh; the University of Rochester; the University of Southern California; the University of Texas—M.D. Anderson Hospital and Tumor Institute; and the University of Washington.

—SUSAN JENKS

